2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State

1. Entity Narr	MENT # L000000				03-17-2005 90138 027 ****50.00				
Principal Plac 2424 N. FED SUITE 159 BOCA RATON	DERAL HWY.	SUITE 159	2424 N. FEDERAL HWY.			OVIII KOUII ORIII BOIII OOK			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State			4, FEI Numbe 65-104			No	plied For t Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$5.00 Add ee Required	
	6. Name and Address of Cu		7. Name and Address of New Registered Agent Name						
WERBER, RICHARD				Street Address (P.O. Box Number is Not Acceptable)					
2424 N FE	REALTY , LLC. DERAL HWY STE 159 TON, FL 33431	- Street rideres		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
BOCATO	1011,112 33431		;	City			FL	Zip Code)
	named entity submits this statemions of registered agent.	ent for the purpose of changing its	s registere	l ed office or regist	tered agent, or bot	h, in the State of Flo		amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registere	d Agent signature requi	red when reinstating)		DATE		*** ~ :
Filing Fee is \$50.00 Due by May 1, 2005			• •			" Mak	e check pa		
9 MANAGING MEMBERS/MANAGERS			10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESANTIS, CARL 2424 N. FEDERAL HWY ST BOCA RATON, FL 33431	Delcte		I			·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERBER, RICHARD 2424 N. FEDERAL HWY ST BOCA RATON, FL 33431	☐ Delete		· I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESANTIS, DAMON 2424 N. FEDERAL HWY ST BOCA RATON, FL 33431	☐ Delete		ı	- , , , , , , , , , , , , , , , , , , ,	-	. .	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete				·		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					•	☐ Change	Addition
11. I hereby indicated	on this report is true and accurat	ed with this filing does not qualify for the and that my signature shall have trustee empowered to execute this	or the exe	mption stated in a legal effect as it	f made under oath	that I am a manag	I further cert ging membe	ify that the ir r or manage	formation r of the